

Officeholder, Candidate,
and Controlled Committee
Campaign Statement — Long Form

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Check one of the following boxes to indicate the type of statement being filed:

- ☐ Pre-election Statement
☐ Supplemental Pre-election Statement (Attach a completed Form 495 to this statement.)
☐ Special Odd-Year Campaign Report
☐ Semi-annual Statement
☐ Termination Statement (Attach a completed Form 415 to this statement.)

Type or print in ink.

COVER PAGE LONG FORM

CALIFORNIA 1994 FORM 490	
Page <u>1</u> of <u>6</u>	
For Official Use Only	

Statement covers period from <u>10/01/96</u> through <u>10/19/96</u>	Date Stamp <u>RECEIVED</u> <u>NOV 23 11:09</u>
Date of election if applicable: (Month, Day, Year) _____	

Officeholder, Candidate, and Controlled Committee
Included in this Statement

NAME OF OFFICEHOLDER OR CANDIDATE

Margaret Reed Talbot

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Lodi City Council Member

RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)

1221 Lakewood Drive

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
<u>Lodi,</u>	<u>CA</u>	<u>95240</u>	<u>209/368-9002</u>

COMMITTEE NAME

I.D. NUMBER

Committee To Elect Maggie Talbot

COMMITTEE ADDRESS (NO. AND STREET)

1221 Lakewood Drive

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
<u>Lodi,</u>	<u>CA</u>	<u>95240</u>	<u>209/368-9002</u>

NAME OF TREASURER

Lorraine Thompson

PERMANENT ADDRESS OF TREASURER (NO. AND STREET)

1221 Lakewood Drive

CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE
<u>Lodi,</u>	<u>CA</u>	<u>95240</u>	<u>209/368-9002</u>

II Other Committees Not Included in this Statement: List any other committees not included in this consolidated statement that are controlled by you and any committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER					
NAME OF TREASURER						
CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
COMMITTEE ADDRESS (NO. AND STREET)						
CITY	STATE	ZIP CODE	AREA CODE/DAYTIME PHONE			
COMMITTEE NAME		I.D. NUMBER				
NAME OF TREASURER		CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMITTEE ADDRESS (NO. AND STREET)		CITY		STATE	ZIP CODE	AREA CODE/DAYTIME PHONE

Attach additional information on appropriately labeled continuation sheets.

III Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/96 At Lodi, California
DATE CITY AND STATE

By Lorraine Thompson
SIGNATURE OF TREASURER

An officeholder or candidate who controls a committee must also verify the campaign statement. I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/23/96 At Lodi, California
DATE CITY AND STATE

By Margaret Reed Talbot
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Executed on _____ At _____
DATE CITY AND STATE

By _____
SIGNATURE OF CANDIDATE/OFFICEHOLDER

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

Statement covers period		CALIFORNIA 1994 FORM 490
from	10/01/96	
through	10/19/96	Page <u>2</u> of <u>6</u>
		I.D. NUMBER

* From previous Statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be

Schedule A Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>10/01/96</u> through <u>10/19/96</u>	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
9/09/96	Ron Thomas 1756 Wyn Way Lodi, CA 95240	Developer	75.00		
9/09/96	Gerald Vanderlands 1320 S. Sacramento St. Lodi, CA 95240	Manufacturing Vanderlands & Sons	100.00		
10/09/96	Mary Ann Pooré 827 Tilden Drive Lodi, CA 95242	CPA Kirsten, Pooré & Tolson	100.00		
10/12/96	Mullen, Sullivan & Newton 1111 W. Tokay St. Lodi, CA 95240	Attorneys	99.00		
10/15/96	Chris Olsen 431 S. Ham Ln. Lodi, CA 95242	Financial Planner	100.00		
SUBTOTAL \$			474.00		

Monetary Contributions Summary

- Amount received this period — contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 854.00
- Amount received this period — contributions of less than \$100.
(Do not itemize.) \$ 6
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 854.00

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (cont.)

Statement covers period from <u>10/01/96</u> through <u>10/19/96</u>	CALIFORNIA STATEMENT 490 Page <u>4</u> of <u>6</u> I.D. NUMBER
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NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

DATE RECEIVED	FULL NAME AND ADDRESS OF CONTRIBUTOR (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/17/96	Jeff Kirst P.O. Box 1259 Woodbridge, CA 95258	Real Estate	50.00		
10/17/96	Marylyn Burns 5430 E. Kettleman Ln. Lodi, CA 95240	Real Estate	30.00		
10/17/96	Tim Talbot 4345 El Macero Drive Davis, CA 95617	Attorney	100.00		
10/17/96	Daniel Talbot 41760 Cambridge Ave. bermuda Dunes, CA 92201	Fire Fighter	100.00		
10/15/96	C. M. "Bud" Sullivan 1221 Lakewood Drive Lodi, CA 95240	Retired	100.00		
SUBTOTAL \$ 380.00					

Schedule Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/96 through 10/19/96	CALIFORNIA 1994 FORM 490
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SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

CODES FOR CLASSIFYING EXPENDITURES

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- | | | |
|---|---|---|
| "C" -- MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES AND COMMITTEES | "B" -- BROADCAST ADVERTISING | "G" -- GENERAL OPERATIONS AND OVERHEAD |
| "I" -- INDEPENDENT EXPENDITURES | "N" -- NEWSPAPER AND PERIODICAL ADVERTISING | "T" -- TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED) |
| "L" -- LITERATURE | "O" -- OUTSIDE ADVERTISING | "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES |
| | "S" -- SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS | |
| | "F" -- FUNDRAISING EVENTS | |

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	IMPORTANT: DO NOT ITEMIZE THE PAYMENT OF ACCRUED EXPENSES ON SCHEDULE E. REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.		
	CODE	OR	DESCRIPTION OF PAYMENT
Ken Sato Studio 224 W. Pine Street Lodi, CA 95240	L		101.96
City of Lodi 221 W. Pine Street Lodi, CA 95240	G		6.00
Coloring Book 404 W. Lodi Ave. Lodi, CA 95240	L		70.04

Important: Contributions and expenditures made out of campaign funds to or on behalf of other officeholders, candidates, committees, or ballot measures must also be entered on the Allocation Page, Part I.

SUBTOTAL \$ 178.00

Payments and Contributions Made Summary

- | | |
|---|-----------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$ 744.50 |
| 2. Payments made this period of under \$100. (Do not itemize.) | \$ 0 |
| 3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part II, Column (d).) | \$ 0 |
| 4. Total accrued expenses paid this period. (Do not itemize. Enter amount from Schedule F, Line 4.) | \$ 0 |
| 5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here and on the Summary Page, Column A, Line 8.) | TOTAL \$ 744.50 |

**Schedule E
(Continuation Sheet)
Payments and Contributions
(Other Than Loans) Made**

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (cont.)

Statement covers period from <u>10/01/96</u> through <u>10/19/96</u>	CALIFORNIA 1994 FORM 490 Page <u>6</u> of <u>6</u>
I.D. NUMBER	

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

Committee To Elect Maggie Talbot

CODES FOR CLASSIFYING EXPENDITURES

"C" - MONETARY AND IN-KIND (NON-MONETARY)
CONTRIBUTIONS TO OTHER CANDIDATES
AND COMMITTEES
"I" - INDEPENDENT EXPENDITURES
"L" - LITERATURE

"B" - BROADCAST ADVERTISING
"N" - NEWSPAPER AND PERIODICAL ADVERTISING
"O" - OUTSIDE ADVERTISING
"S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
"F" - FUNDRAISING EVENTS

"G" - GENERAL OPERATIONS AND OVERHEAD
"T" - TRAVEL, ACCOMMODATIONS AND MEALS
(MUST BE DESCRIBED)
"P" - PROFESSIONAL MANAGEMENT AND CONSULTING
SERVICES

NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION
(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)

	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Lodi News Sentinel 125 N. Church Street Lodi, CA 95240	N		566.50

SUBTOTAL \$ 566.50